

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875

SERIAL NO. 09/830888

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61		15		15		
2		1					62		15		15		
3		2					63		6		6		
4		0					64		6		6		
5		0					65		6		6		
6		2					66						
7	1						67						
8		1					68						
9		2					69						
10		0					70						
11		0					71						
12		0					72						
13		1					73						
14		3					74						
15		0					75						
16		0					76						
17			1		1		77						
18				1		1	78						
19				1		1	79						
20				1		1	80						
21				1		1	81						
22				1		1	82						
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25				1		1	85						
26				1		1	86						
27				1		1	87						
28				1		1	88						
29				1		1	89						
30				1		1	90						
31				1		1	91						
32			1		1		92						
33				1		1	93						
34				1		1	94						
35				1		1	95						
36				1		1	96						
37				1		1	97						
38				1		1	98						
39				1		1	99						
40				1		1	100						
41				1		1							
42				1		1							
43				1		1							
44				1		1							
45				1		1							
46				1		1							
47				1		1							
48				1		1							
49				1		1							
50				9		9							
TOTAL NO.	2						TOTAL IND.	2		2			
TOTAL DEP.	17						TOTAL DEP.	88		88			
TOTAL CLAIMS	19						TOTAL CLAIMS	90		90			

PTO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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1863

CLAIMS ONLY							Application Number		Filing Date		
									09/830,888		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED 9/27/04		AFTER FIRST AMENDMENT 12/20/04		AFTER SECOND AMENDMENT 3/22/05						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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48		/		/							
49		/		/							
50		9		9		9					
Total Indep											
Total Depend		40		40		40					
Total Claims											
51		15		15		15					
52		15		15		15					
53		15		15		15					
54		15		15		15					
55		15		15		15					
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Total Indep		2		2		2					
Total Depend		115		115		115		15		115	
Total Claims		117		117		117				117	

CLAIMS ONLY							Application Number 09/830,888		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments.				
CLAIMS	AS FILED 7/5/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT 1/17/06						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1											
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37		/		/		/				/	
38		/		/		/				/	
39		/		/		/				/	
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42		/		/		/				/	
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46		/		/		/				/	
47		/		/		/				/	
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49		/		/		/				/	
50		9		9		9					
Total Indep										40	
Total Depend											
Total Claims											
51		15		15		15				15	
52		15		15		15				15	
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Total Indep										45	
Total Depend											
Total Claims											

383